ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625

PERMIT # AP-312530

SEPTIC: IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM

PIN # 4726 - 28 - 9017

APPLICANT/OWNER: Don Clayton

APPLICANT ADDRESS: 3501 Mountain Hill Dr Wake Forest NC 27587

SITE ADDRESS: 141 Sams Way Statesville NC

PHONE: 919-422-6631 ALT. PHONE N/A

SITE DIRECTIONS: 40E T/R 115 T/L Midway Rd T/L Short Dog T/L Sams Way

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Beagle Run

SECTION: 2 LOT # 33 LOT AREA: 0.75ac

DESIGN FLOW: 360 L.T.A.R.: 0.3

Septic Tank 1000 (gal) STB TP 1012 Date 9/23/21

Pump Tank ____ (gal) PT ____ Date ____

Pump Make ____ Model ____ Serial # ____

Nitrification Fields 1 Lines 2 Linear Ft. 300

Trench Width 36" Trench Bottom Depth(Low side) 32" Gravel Depth N/A

☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: 25% Reduction

Repair System Description: 50% Reduction

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3

☐ Business No. Persons 6

☐ Other No. Employees ____

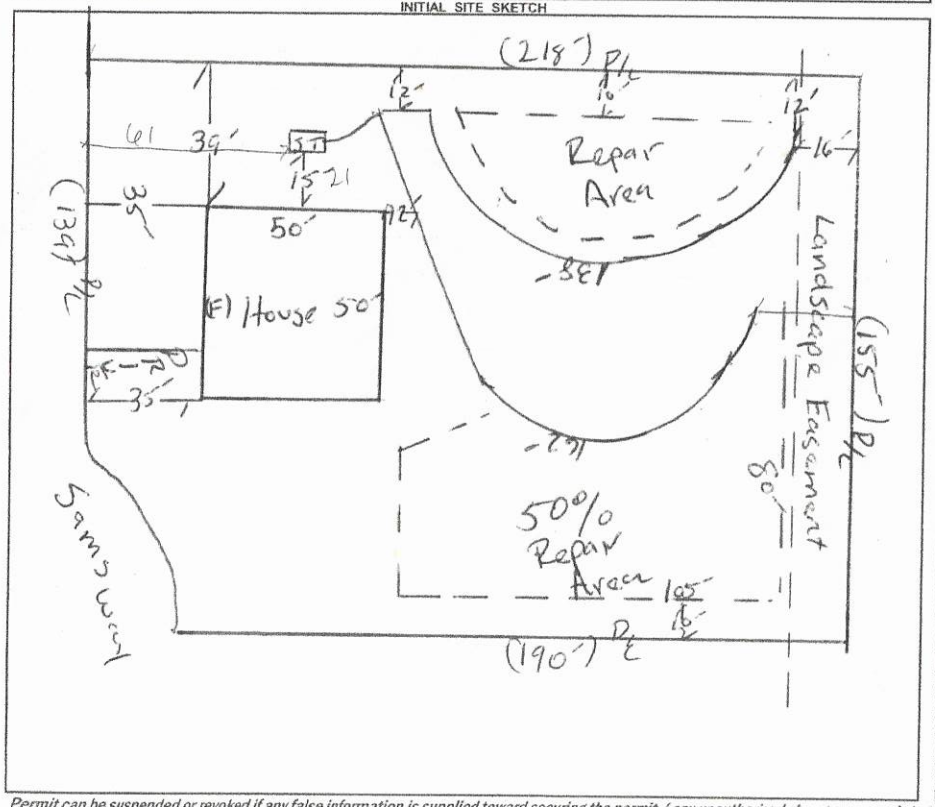
☐ Slab ☒ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

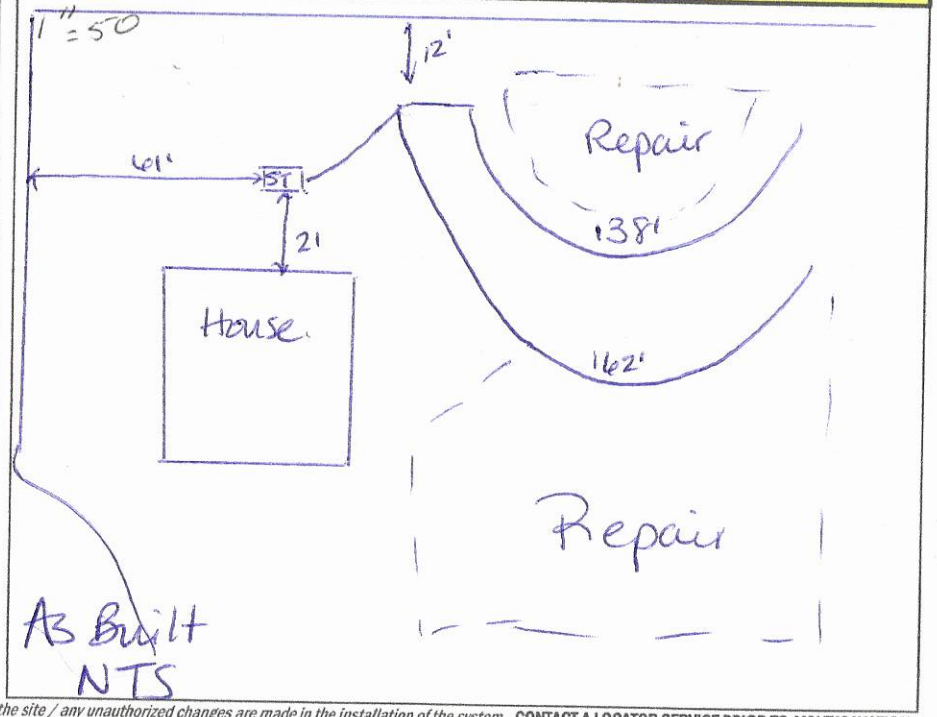
Comments / Conditions: Install 25% Reduction on contour with Serial distribution

INITIAL SITE SKETCH



AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your time.



Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☐ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Pam Matthews Date: 12-21-20

IMPROVEMENT PERMIT by: Robert A Lee Date: 12/16/20

AUTHORIZATION TO CONSTRUCT by: Benjamin Bass Date: 6-1-2021

Installed by: (Steve Jordan) Piedmont Backhoe Serv.

OPERATION PERMIT by: D. Mabry Date: 10/27/21

Existing System Inspected by: ____ Date: ____

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet 1 of 1
PROPERTY ID #: 4726289017
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

OWNER: Don Clayton
ADDRESS: 2501 Mountain Hill Dr Wake Forest NC
PROPOSED FACILITY: SFD
PROPOSED DESIGN FLOW (.1949): 360
LOCATION OF SITE: 191 Sams Way
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other N/A
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
APPLICATION DATE 11/11/20
DATE EVALUATED: 12/9/20
PROPERTY SIZE: 0.75ac
PROPERTY RECORDED: Yes
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	HS 5%	0-48	SBK C	fi SE	PS few manganese concretions	PS	N/A	N/A	PS .3
2	LSS 6%	0-7	SBK SCL	fri SE	PS	PS	N/A	N/A	PS .3
		7-52	SBK C	fi SE					
3	LSS 7%	0-8	SBK SCL	fri SE	PS	PS	N/A	N/A	PS .3
		8-50	SBK C	fi SE					
4	HS 5%	0-8	SBK SCL	fr N/A	PS	PS	N/A	N/A	PS .3
		8-50	SBK C	fi SE					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	II	II
Site LTAR	.3	.3

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: A. Snow
OTHER(S) PRESENT:

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope) CV (Convex Slope) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15		
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay) O (Organic)	0.4 - 0.1	0.2 - 0.05		
			None	None		

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
EFI (Extremely Firm)	NP (Non-plastic)
	SP (Slightly Plastic)
	P (Plastic)
	VP (Very Plastic)

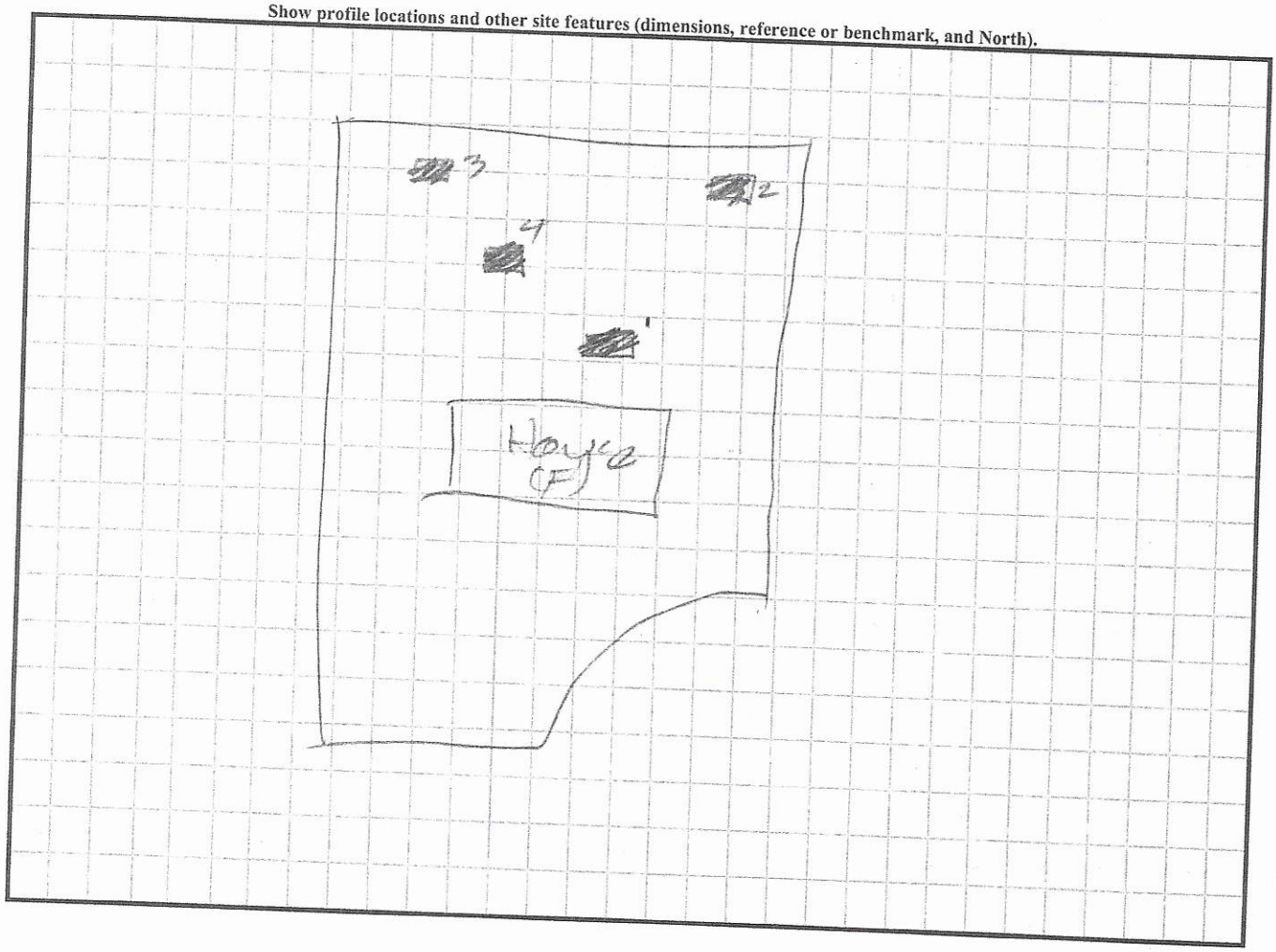
*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

NOTES

HORIZON DEPTH — In inches below natural soil surface
DEPTH OF FILL — In inches from land surface
RESTRICTIVE HORIZON — Thickness and depth from land surface
SAPROLITE — S(suitable) or U(unsuitable)
SOIL WETNESS — Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION — S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.
Long-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).



RECEIVED NOV 1 1 2020

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

AP-312 530 ~~350~~ $500.00

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Application For:
(X) Septic Improvement Permit (X) New Well Permit ( ) Authorization to Construct ( ) Well Repair Permit ( ) Existing System Inspection ( ) Well Abandonment ( ) Septic System Repair

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED. APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS.

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted:
Place an (X) beside whichever is submitted if applicable
( ) Survey Plat, scaled no more than 1 inch = 60 feet
( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Don Cayton Address: 3501 MOuntain Hill Dr Wake Forest Zip: 27587
Applicant Email: don@velocitycmops.com Phone: 919-422-6631 Alt. Phone: _____
Owner Name: MGI Props NC 1 LLC Address: 15905 Brookway Dr Ste 4201 Huntersville Zip: 28078
Owner Email: greystonerg@gmail.com Phone: 919-422-6631 Alt. Phone: _____

Property Information:

Street Address: 191 Sams Way Statesville NC
Subdivision Name: Beagle Run Section/Phase: P2 SHT1 Lot Number: 33
Driving Directions: I-40; North on NC 115; Left on Midway Rd; Left on Short Dog Dr; Right on Sams Way Dr

Site Development Information: *(check or complete ALL that apply*

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 6
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE
(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____
( ) New Well ( ) Existing Well ( ) Community Well (X) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
( ) No Preference ( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:
( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature: _____ 11/10/20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

10/20/21

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

☑ 1. *** APPLICANT AND OWNER ARE THE SAME. *** *(Sign here)* _____

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative: *Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship*
In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:
Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form. If there are multiple property owners, then all property owners must sign the form that designates a legal representative.
By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

☐ 2. I, _____, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

_____ _____
Signature of Owner(s) Date

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

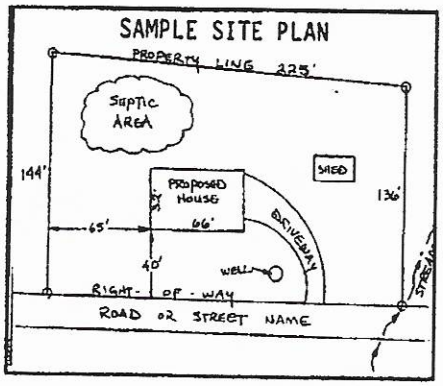
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *SITE PLAN WORKSHEET*

SEE THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!*



Place an (X) beside each item as you complete the site plan:

- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (X) North arrow, or other sufficient indicator of direction

Circle N/A on the following if appropriate:

Location of septic systems and wells within 100' of your property	N/A
Location of easements and rights of ways on your property	N/A
Location of any designated wetlands on the property	N/A

USE THIS SPACE TO DRAW YOUR SITE PLAN

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

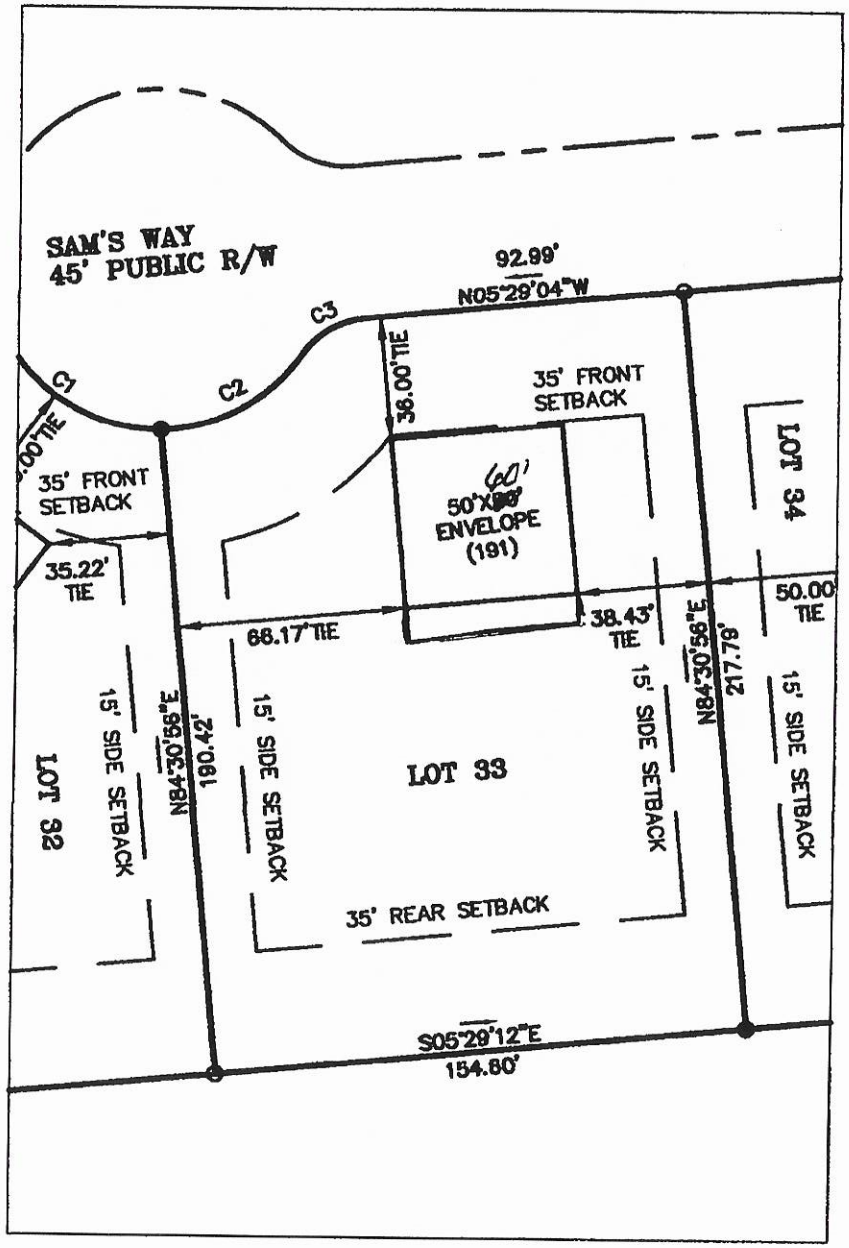
SEE ATTACHED

Signature: _____

Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

11/10/20

DATE





CURVE TABLE				
CURVE	BEARING	CHORD	LENGTH	RADIUS
C1	S34°19'19"W	58.37'	62.33'	50.00'
C2	S28°47'27"E	46.02'	47.82'	50.00'
C3	N30°50'11"W	21.41'	22.12'	25.00'

PROPOSED HOUSE LAYOUT FOR
LOT 33
BEAGLE RUN SUBDIVISION
PHASE II
PLAT BOOK 57, PAGE 1

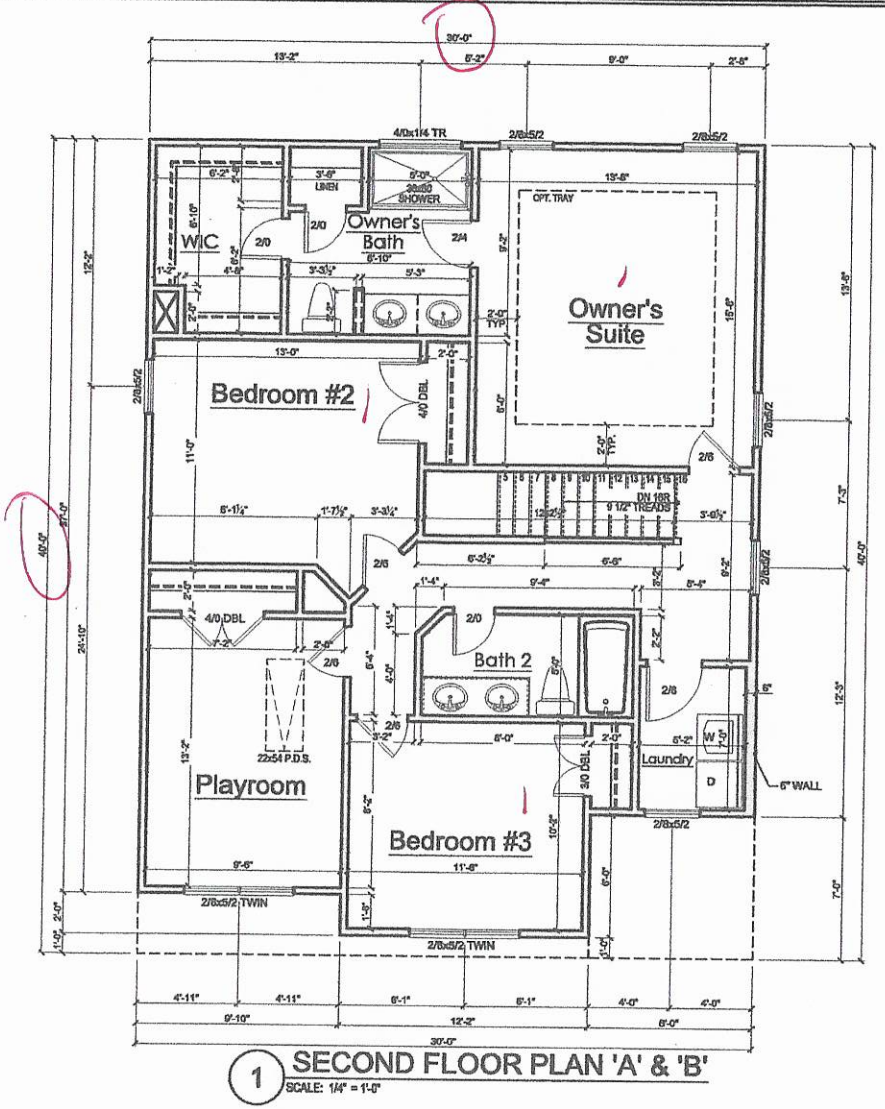
191 SAM'S WAY, STATESVILLE, NC

GRAPHIC SCALE

50 0 25 50 100

(IN FEET)
1 inch = 50 ft.

05/20/24



1 SECOND FLOOR PLAN 'A' & 'B'
SCALE: 1/4" = 1'-0"

GENERAL NOTES

WALLS:
ALL WALLS ARE DRAWN 4" THICK U.N.O.
ANGLED WALL ARE DRAWN @45° U.N.O.

SMOKE DETECTORS:
LOCATION AND NUMBER OF DETECTORS SHALL CONFORM TO NEC.

EGRESS:
ALL BEDROOMS MUST HAVE AT LEAST ONE WINDOW WHICH CONFORMS TO R-310 OF THE N.C. BLDG. CODE. IT IS THE CONTRACTOR'S RESPONSIBILITY TO VERIFY CHOSEN WINDOWS MEET EGRESS REQUIREMENTS AS MANUFATURERS VARY.

ATTIC ACCESS:
MIN. ATTIC ACCESS SHALL BE PROVIDED BY BUILDER AND LOCATED ON SITE.

WALL/CEILING HGT.
WALL AND CEILING HEIGHT NOTES ARE BASED ON NOMINAL WALL SIZE.
KNEE WALL HEIGHT LABELS FOR WALLS UNDER RAFTERS ASSUME AN EXTRA 2" FOR FURRING (IN HEATED SPACES) FOR INSULATION. THE WALL HEIGHT REFERS TO THE HGT. FROM THE FLOOR DECKING TO THE BOTTOM OF THE FURRING.

NOTE:
IF CLEAR OPENING OF THE OPERABLE PORTION OF A WINDOW IS MORE THAN 72" ABOVE GRADE, LOWEST PART OF OPENING MUST BE 24" ABOVE FLOOR UNLESS:

A. WINDOW IS FIXED UNIT
B. OPENING DOES NOT ALLOW PASSAGE 4" d SPHERE
C. WINDOW IS EQUIPPED WITH FALL PREVENTION DEVICE
D. WINDOW IS EQUIPPED WITH AN APPROVED LIMITING DEVICE

Acknowledgement Of Plans Submittal ONLY!
Benjamin A Bell Date 6-1-2021
Sam Matthews Date 5-28-21

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SOUTH DESIGNS
P.O. Box 688
Wake Forest, NC 27588
(O) 919-556-2226
(F) 919-556-2228
www.southdesigns.com

Drawn By: RWB
Checked By: RWB
Date: 12-31-2020

Revision No.	Revision Date

Designer Signature

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Client:
PROPERTY RESOLUTION SERVICES, LLC
PLAN #1763

Title:
SECOND FLOOR PLAN

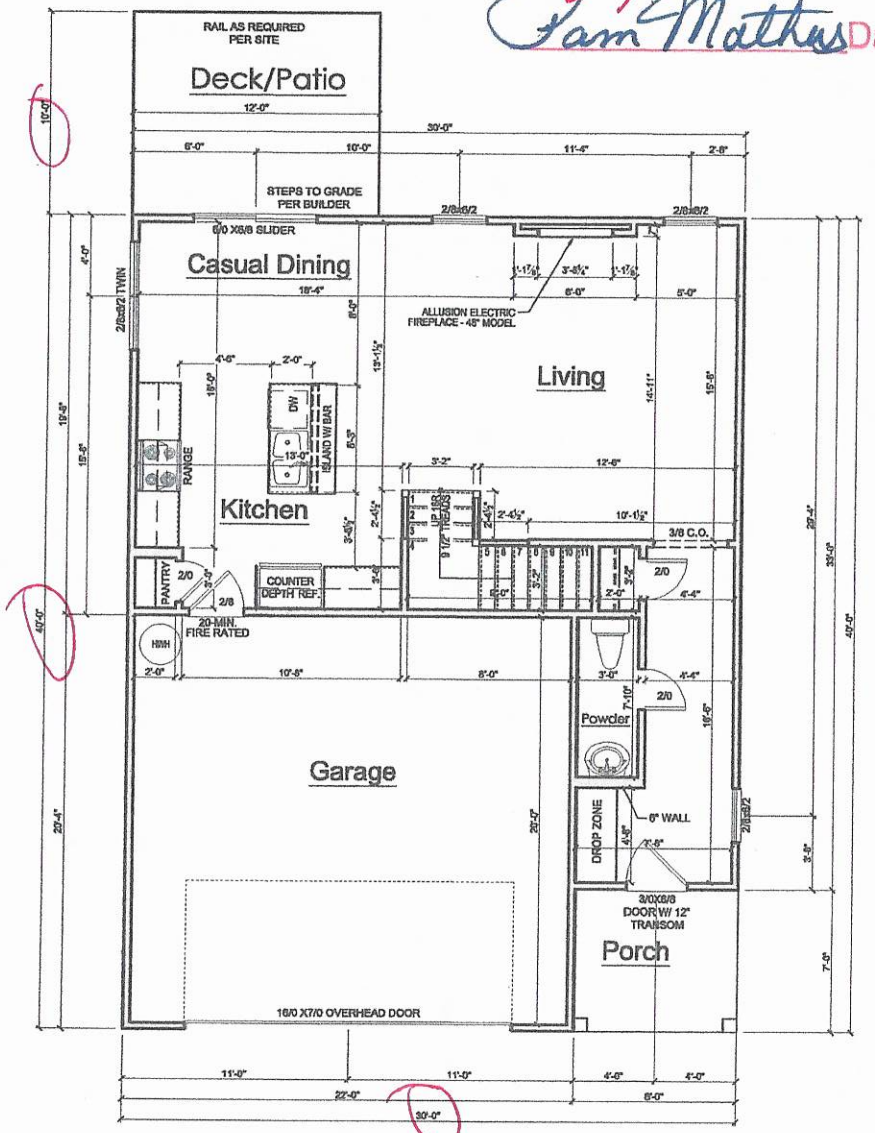
Plan No.
A-2

Sheet No. of

Acknowledgement Of
Plans Submittal ONLY!

Date 6-1-202[illegible]

Pam Mathes Date 5-28-21



1 FIRST FLOOR PLAN 'A' & 'B'
SCALE: 1/4" = 1'-0"

GENERAL NOTES

WALLS:
ALL WALLS ARE DRAWN 4" THICK U.N.O.
ANGLED WALL ARE DRAWN @45° U.N.O.

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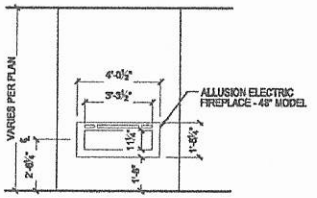
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NOTE:
HANDRAILS SHALL BE PROVIDE ON AT LEAST ONE SIDE OF STAIR TREADS WITH 4, OR MORE RISERS. VERTICAL HT. OF HANDRAILS SHALL BE NOT LESS THAN 34" AND NO MORE THAN 38" PER NC 2018 RESIDENTIAL CODE SEC. R311.7.8

GUARDS ON ALL HANDRAILS SHALL BE PLACED SO THAT A SPHERE OF 4" CANNOT PASS THROUGH PER NC 2018 RESIDENTIAL CODE SEC. R312.1



ALLUSION FIREPLACE - INTERIOR ELEV
SCALE: 1/8"=1'-0" ON 11x17, 1/4"=1'-0" ON 22x34

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SOUTH DESIGNS
P.O. Box 688
Wake Forest, NC 27588
(O) 919-556-2226
(F) 919-556-2228
www.southdesigns.com

Drawn By: RWB
Checked By: RWB
Date: 12-31-2020

Revision No.	Revision Date

Designer Signature

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Client:
PROPERTY RESOLUTION SERVICES, LLC
PLAN #1763

Title:
FIRST FLOOR PLAN

Plan No.
A-1

Sheet No. Of

IREDELL COUNTY

IREDELL COUNTY
PO Box 788
349 North Center St.
Statesville, NC 28677

APPLICATION NUMBER
312530 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4726289017.000	191 SAMS WAY	Iredell County

Owner Information	Applicant Information
Name: ROEHRS THOMAS W+DAN R JONES	Name: DON CAYTON
Address:	Address: 3501 MOUNTAIN HILL DR
	WAKE FOREST, NC 27587
Phone:	Phone:

Use Requested	Zone Code
Single Family Dwelling	R-20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.75	35	35	15	15	N/A	NO

Remarks
SFD

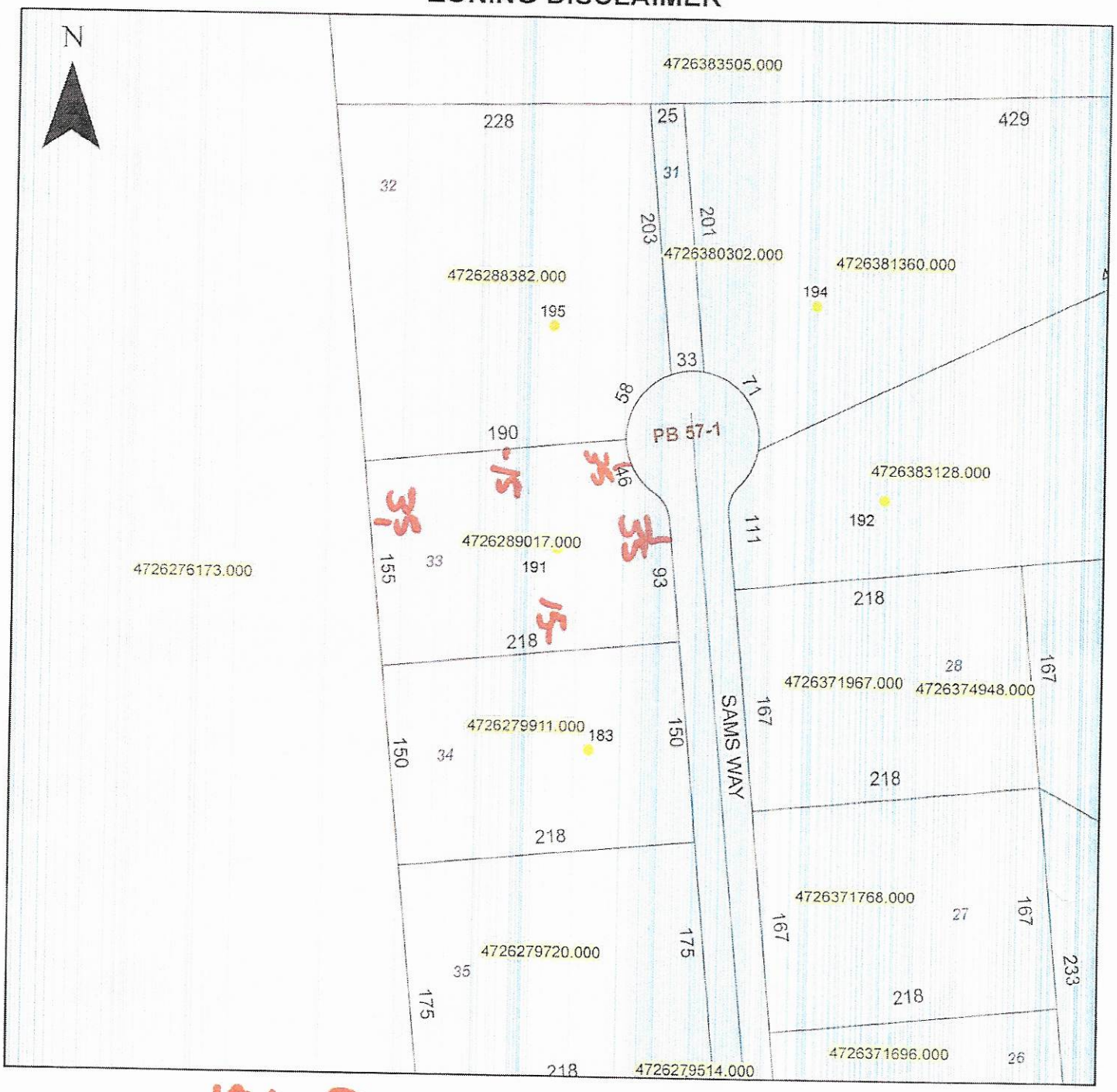
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Signature of Owner/Contractor

Date: 11/10/2020

Permit Number	312530	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 191 Sams Way

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. Applicant further acknowledges that the enforcement of deed restrictions, plat conditions, and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant

11/10/20

Date